1 6 2007	aperwork Reduction Act of 1995.	no persons	s are required to respond to a		Approved for use through 03/31/2007. OMB 0651-003 Frademark Office; U.S. DEPARTMENT OF COMMERC formation unless it displays a valid OMB control number	
THE STATE OF THE S			Application Number	10/567,19	99	
TRADENTE	RANSMITTAL		Filing Date	Filing Date 02/02/2006		
FORM		First Named Inventor Brazzini				
			Art Unit	3763		
(to be used for	r all correspondence after initial f	ilina)	Examiner Name	Unassign	ed	
(to be used for all correspondence after initial filing)  Total Number of Pages in This Submission			Attorney Docket Number	EXPL-004	4 (formerly (03M15US)	
		ENCL	OSURES (Check	all that appl	у)	
Amendm A Extensio Express Informati Certified Docume Reply to	resmittal Form  Tee Attached  Teent/Reply  After Final  Affidavits/declaration(s)  In of Time Request  Abandonment Request  on Disclosure Statement  Copy of Priority Int(s)  Missing Parts/  Set Application		Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Ferminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on the	e Address	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  - Credit Card Payment Form (1 pg.)  - Postcard	
u	Reply to Missing Parts inder 37 CFR 1.52 or 1.53	TURE O	F APPLICANT, ATT	ORNEY, (	OR AGENT	
irm Name	LAW OFFICE OF ALAN W. CANNON					
ignature		C	en -			
rinted name	Alan W. Cannon		<del>- T.</del>			
Date 4/12/07				Reg. No.	34,977	
	CE	RTIFIC	ATE OF TRANSMIS	SION/MA	ILING	
hereby certify the ufficient postage to date shown to the contractions of the contractions are the contractions and the contractions are the contractions ar	nat this correspondence is be e as first class mail in an env	eing facsir	mile transmitted to the USF	PTO or depo	sited with the United States Postal Service with P.O. Box 1450, Alexandria, VA 22313-1450 on	

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Maria J. Sousa

Typed or printed name

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For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

4. OTHER FEE(S)

Other (e.g., late filing surcharge):

\$)	2,375.0
Ψ/	2,373.0

Complete if Known			
Application Number	10/567,199		
Filing Date	02/02/2006		
First Named Inventor	Augusto Brazzini		
Examiner Name	Unassigned		
Art Unit	3763		
Attorney Docket No.	EXPL-004 (formerly (03M15US)		

METHOD OF PAYMEN	IT (check al	l that apply)					
Check ✓ Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: Deposit Account Name:							
For the above-iden	tified deposit	account, the Di	rector is hereby	y authorized to	: (check all th	at apply)	
✓ Charge fee(	s) indicated b	elow		Charg	ge fee(s) indic	ated below, ex	cept for the filing fee
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEA	FILING		SEARCH	H FEES		TION FEES	
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES       Small Entity         Fee Description       Fee (\$)       Fee (\$)         Each claim over 20 (including Reissues)       50       25         Each independent claim over 3 (including Reissues)       200       100         Multiple dependent claims       360       180         Total Claims       Extra Claims       Fee (\$)       Fee Paid (\$)					Fee (\$) 25 100 180 ependent Claims		
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = 0 /50 = (round up to a whole number) x =							

SUBMITTED BY			
Signature	Collen	Registration No. (Attorney/Agent) 34,977	Telephone (408)736-3554
Name (Print/Type)	Alan W. Cannon		Date 4/12/02

Non-English Specification, \$130 fee (no small entity discount)

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Fees Paid (\$)